

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014294

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

702

STATE FILE NUMBER

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1509 N. 12thInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Butler

c. CITY OR TOWN Poplar Bluff

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1509 N. 12thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Robert C. Bailey4. DATE OF DEATH
Month Day Year
March 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-19-1884 77

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Policeman10b. KIND OF BUSINESS OR INDUSTRY
Firestone Rubber11. BIRTHPLACE (City and state or country)
Tariff, W. Va.12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Adison Bailey

13b. MOTHER'S MAIDEN NAME

Sarah Tucker

14. NAME OF HUSBAND OR WIFE

Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

X

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Bessie Bailey, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line in PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1 Mar 62 to 23 Mar 62 and last saw him alive on 22 Mar 62
Death occurred on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

321 E. Poplar Bluff, Mo.

22c. DATE SIGNED

5 Apr 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-26-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri

24. FUNERAL DIRECTOR
Greer Croy & Fitch
Poplar Bluff, Missouri

25. DATE RECD. BY LOCAL REG.

4/14/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

JUL 12 1962

TT 4381-11-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.